

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME			
		SMITH		JOHN		ADAM			
SIGNATURE OF PERSON FINGERPRINTED <i>John A. Smith</i>		ALIASES <u>AKA</u> "NICK"		OR WA0341000 ST GAMBLING COMM OLYMPIA, WA		DATE OF BIRTH DOB Month <u>01</u> Day <u>01</u> Year <u>50</u>			
RESIDENCE OF PERSON FINGERPRINTED 12345 JONES LANE ANYTOWN, WASHINGTON 98888		CITIZENSHIP <u>CIT</u> U.S.A.		SEX <u>M</u>	RACE <u>W</u>	HGT. <u>5'10"</u>	WEI. <u>175</u>	EYES <u>BLUE</u>	HAIR <u>BRN</u>
DATE *2/1/95*	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		YOUR NO. <u>OCA</u>		LEAVE BLANK				
EMPLOYER AND ADDRESS MY EMPLOYER 98765 MAIN STREET ANYTOWN, WASHINGTON		FBI NO. <u>FBI</u>		CLASS _____					
REASON FINGERPRINTED GAMBLING LICENSE APPLICANT RCW 9.46.070		ARMED FORCES NO. <u>MNU</u>		REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u> 542-66-9876							
		MISCELLANEOUS NO. <u>MNU</u>							

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

SHADED AREAS ARE TO BE FILLED OUT BY THE INDIVIDUAL BEING FINGERPRINTED.

*** THESE AREAS ARE TO BE COMPLETED BY THE LOCAL LAW ENFORCEMENT AGENCY TAKING THE FINGERPRINTS.**

**DO NOT HIGHLIGHT CARDS.
THIS WILL CAUSE THE CARDS TO BE REJECTED.**